

2/2/22 1:58 PM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FORSTERBOUGHMAN
Account Number : 120140000076
Phone : (407)255-2055
Fax Number : (407)264-8295

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: migivens@yahoo.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Foreign Limited Liability Company
Vialytix, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vialytix, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gary A. Forster, Esq.

Name of Person

ForsterBoughman

Firm/Company

2200 Lucien Way, Suite 405

Address

Maitland, FL 32751

City/State and Zip Code

migivens@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary A. Forster, Esq.

407

255-2055

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Viralytix, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.P.")

2. If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.P."

3. Delaware

87-1150127

(Jurisdiction under the law of which foreign limited liability company is organized)

4.

(F.L.L.C. number, if applicable)

5.

(If the first two words of the name are "Florida," drop the "to be registered" words.)
(See sections 605.0901 & 605.0905, F.S., for determining entity liability)

958 Service Street

958 Service Street

(Street Address of Principal Office)

b.

(Mailing Address)

Unit 1

Unit 1

West Palm Beach, FL 33407

West Palm Beach, FL 33407

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Michelle Givens

Office Address:

958 Service Street, Unit 1

West Palm Beach

33407

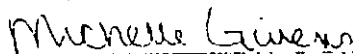
(City)

Florida

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Michelle Given</u>	☐ Manager	Name: _____
☐ Member	Address: <u>958 Service Street</u>	☐ Member	Address: _____
☐ Authorized	Unit: <u>1</u>	☐ Authorized	_____
Person	<u>West Palm Beach, FL 33407</u>	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michelle Given

Signature of authorized person

Michelle Given, Manager

Typed or printed name of agent

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIALYTIX, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIALYTIX, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6487768 8300

SR# 20220327201

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202545355

Date: 02-01-22

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January 27, 2022

To whom it may concern:

Vialytix, LLC has no intention to reinstate Vialytix, LLC and releases the name "Vialytix" to Vialytix, LLC.

Sincerely,

A handwritten signature in black ink that reads "Michelle Givens".

Michelle Givens
Sole Manager & Member